Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9/24/2010</u>	Address:	1009 E. National Hwy
Case #:	35F31 <u>070</u>		Washington, IN
County:	<u>Daviess</u>		·
Type of Laboratory Seizure (check one) Operational Lab		Scizare Location (check all that apply) Residence Hotel/Motel	
Chemic Dunips	cal/Glassware/Equipment (only) ite (only)	[_] Outbuilding ☐ Vehicle	Open – No Structure Other:
(check all f	n/Ammonia Reaction(s): Roadside		. ——
	osphorous/Iodine Reaction(s):	-	
Flammable Solvents:			
Water Reactive Metal (Lithium):			
_ •	ehlorie Acid Gas Generator(s):	-	
	rous Ammonia:		
Corros	ive Acid:		
Cortos	ive Base:		
Other ((item and location):		
Yes No Childr Living cor	der age 18 discovered (check appropriation (number present) en not present but evidence they resided it in a disarrate length of time manufacturing had been a linformation: Information:	e or visit often ay 🔲 unclean	
This repo	ort <u>has been faxed to the following a</u>	gencies that serve th	e location:
Health De	rlment: <u>Washington FD</u> epartment: <u>Daviess Co. HD</u> ent of Child Services: <u>Daviess</u> C <u>o.</u>		-2 <u>54-0814</u> -25 <u>4-8643</u> -254 <u>-9754</u>
For furthe	er information regarding this methamp ling Officer: <u>Paul Stolz</u> Ph	ohetamine laboratory, none <u>812-</u> 8 <u>67-2079</u>	contact

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.